AMO Response to the Ministry of Health's Discussion Paper: Emergency Health Services Modernization

Submission to the Ministry of Health

February 10, 2020

Objective

AMO's goal is to bring forward practical solutions for emergency health services that work best for residents, communities and municipal governments. There is a need to preserve what is working well and fix what needs fixing. Collectively the documentation and sharing of best practices, both from within Ontario and other jurisdictions, can aid in the effort.

Context

It was understood from the 2019 Budget, that land ambulance dispatch services would be streamlined by integrating Ontario's 59 emergency health services operators (e.g. 52 EMS, six First Nations, Ornge) and 22 provincial dispatch communication centres. Shortly following the Budget, it was further clarified through AMO that the intent was to move 52 ambulance services to 10 through restructuring. This was apparently what the phrase "by integrating emergency health services into Ontario's health care system" meant in the budget document. The government is concurrently exploring new models of patient care and delivery for emergency health services to improve care for patients and reduce duplication so not every ambulance is sent to an emergency department.

At the 2019 AMO Conference, members were updated by Minister Elliott. She announced that a broader consultation would occur and that "nothing was set in stone." AMO members appreciate the openness to listen through the consultation process. The Ministry of Health has committed to work directly alongside its municipal partners, including AMO. Our early feedback to inform the consultation is reflected in the technical discussion paper questions.

Longstanding municipal government emergency health services modernization asks include:

- Improvements to dispatch, which is and should continue to be fully funded by the Province, are needed so that truly urgent calls can take priority.
- Increasing hospital capacity to reduce offload delays is needed.
- There is a prerequisite condition to support new models of patient care by improving access to broader health care supports with 24/7 health facilities.
- The issue of non-urgent medical transfers needs to be addressed including the requirement to remove municipal cost burdens for inter-health facility transfers.
- A review is needed to expand the range of eligible costs and address the lag year. The Ministry does not cover 50% of actual municipal costs through the 50-50 cost-sharing arrangement.

General Comments

Addressing long-standing municipal priorities should be the focus of current efforts before any potential consideration of restructuring. There is value in the municipal role. Municipal delivery has vastly improved the quality of Emergency Medical Services over the past twenty years since it was downloaded by the Province in a less than ideal state. The system was broken and massive municipal investments have brought the services back to the high level of quality today that the public expects and deserves. AMO is assured from comments made by the Minister of Health at the 2019 Conference that privatization is not part of the planned approach. For the record, AMO is not in favour of privatization of this public service.

The answers provided to specific consultation questions in response to the identified challenges outlined in the Ministry's discussion paper, are guided by the following considerations:

1. Improvements to dispatch, which are appropriately fully funded by the Province, are needed soon so that truly urgent calls can take priority. Improvements to technology, sharing of patient records and operations would ensure resources are deployed effectively where most needed.

2. Strategies to reduce offload delays are needed. Increasing hospital capacity and having alternative health facilities for patients who do not need hospital care available in communities will help.

3. New models of care for low acuity 9-1-1 patients would improve access and reduce hallway medicine, but they need to have alternative 24/7 health facilities that are available in all communities.

4. The issue of non-urgent medical transfers needs to be addressed including the requirement to remove municipal cost burdens for inter-facility transfers.

5. Community paramedicine is a valuable service, especially in northern and rural areas, and can help end hallway health care. The Province should expand community paramedicine where warranted across Ontario to willing municipal partners and must fully 100% fund its implementation, as it is primary care, not emergency medical services. At the same time, the Ministry should explore if there are complimentary models involving other health professionals (e.g. nurses) who provide primary care and can do so in places where people live (e.g. community and supportive housing, assisted living).

6. Fix the funding model starting with a review. It is not appropriate that the Ministry does not cover 50% of actual municipal costs through the 50-50 cost-sharing arrangement. The issue of the funding based on previous years creates a lag year and must also be addressed.

Key Challenges

Outdated Dispatch Technologies:

Beyond the foundational technologies currently in implementation − Computer-Aided Dispatch, medical triage system, updated phone systems, updated radio network and equipment, and real-time data exchange − are there other technologies or technological approaches that can help to improve responses to 9-1-1 calls and increase the efficient use of resources in the EHS system?

- With progress made over the years in only two municipalities, Toronto and Niagara Region, there is prerequisite work needed to improve the functioning of dispatch communications.

- The Province must focus on and accelerate dispatch improvements first, including providing real time access to dispatch data to understand their system performance and to assist with better system planning.

- Improvements to technology, sharing of patient records and operations would ensure resources are deployed effectively where most needed.

- The Province should advance efforts by fully integrating Electronic Ambulance Call reports into Ontario's Health Care system.

- Further, over the long-term, a needed improvement is the development of a single patient record/personal indicator for every Ontario resident — to lead to better and improved health care/population health outcomes. A single, digital identifier is the only way an integrated "one window, any window" service portal for residents could begin. This should be addressed as part of Ontario's Digital Strategy.

- Regarding new technologies, there are 'off the shelf' software used in other jurisdictions that may be appropriate and able to implement in an expedient manner. A fully customizable 'made in Ontario' software may be more expensive and take more time to implement. The Ontario Association of Paramedic Chiefs (OAPC) is best positioned to provide further technical advice.

- We remain concerned about the tangle of emergency service dispatch matters that desperately needs better provincial coordination and streamlining (e.g. NG 911, new radio service for only OPP and EMS).

How can communication between dispatch centres, land ambulance services, and air ambulance be improved?

- This is crucial to fix and get right. Ontarians' lives are at stake if this is not effectively addressed.

- Dispatch needs to be a system navigator to provide the patient with the most appropriate response. The system should aim to get them the right care at the right place and at the right time. All 9-1-1 calls do not require an ambulance response. Nor do they always require a response by all first responders in the area - EMS, police and fire. One idea to further explore may be embedding clinical professionals in communications centres to assist with triage, where appropriate and after dispatch improvements have been made.

- The Ministry should look to the Toronto and Niagara Region models as best practice to scale up and across the province.

- As well, improved coordination and line-of-sight between EMS dispatch administrative centres is needed (e.g. Hastings County pilot).

Are there local examples of good information sharing between paramedic services, hospitals, and/or other health service?

- Local paramedic services and the Ontario Association of Paramedic Chiefs (OAPC) are best positioned to provide these examples of best practices.

- The Ministry should look to the Toronto and Niagara Region models around evidence of best practices.

- The Ministry should look to other jurisdictions, both within Canada and outside, for evidence of best practices that could apply in Ontario given our municipal service model.

Lengthy Ambulance Offload Times and Delays in Transporting Medically Stable Patients:

What partnerships or arrangements can improve ambulance offload times?

- Improving ambulance offload times at hospitals is critical for a couple of reasons. It can help reduce hallway health care, reduce paramedic service costs and/or allow reinvestment to front-line service, and lastly, ensure that ambulance capacity is there for emergency calls. Ambulances tied in hospitals are not available to serve other patients in emergency need. In some cases, there can be Code Black situations with the result that no ambulances are available for emergency calls.

- Strategies to address offload delays are needed. For example, increasing hospital capacity and having alternative health facilities in communities for patients who do not need hospital care.

- There are examples of innovative local solutions to reduce offload delays. These could be collected and shared by the Ministry to all services.

- Stable, predictable funding is needed for hospitals to increase their capacity to receive patients in a timely manner. This funding needs to be provided at the start of the year, not late into the year as it was in 2019. Hospitals cannot plan without committed funding and often reduce their services, as they do not know their allocated provincial funding.

- Community paramedicine is known to divert Emergency Room visits as well, especially for 'frequent flyers'. The Province should expand community paramedicine across Ontario to willing municipal partners. The Province should fully fund its implementation, as it is primary care, not emergency medical services.

What other interventions would be helpful to address ambulance availability?

- The Province needs to address the situation before it occurs, i.e. before patients are transported to emergency rooms if they do not need to be. Expanding capacity in the broader primary health care sector and mental health and addictions system will lead to more successful diversion and is a prerequisite to implementing the expanded patient models of care. It can help address the issue of 'frequent flyers' who often take up available ambulance capacity.

- The issue of using core ambulances for non-urgent patient transfers must be addressed especially for rural and northern Ontario. Taking ambulances out of service from emergency calls for inter-health facility transfers can create higher risk for other patients resulting in life threatening situations.

How can we best ensure that medically stable patients receive appropriate transportation to get the diagnostics and treatments that they need?

- Currently, in many parts of the province, especially in northern and rural Ontario, EMS is used for non-urgent medical transfers between health institutions. In other parts of the province, private and non-profit providers are contracted directly by the Ministry to provide this service.

- This use of EMS vehicles is both costly in terms of resources and administration, and it takes ambulances out of circulation for emergency calls, their intended purpose. This can have detrimental effects on patients if it causes delays in response times.

- The Province needs to fully fund services for non-urgent inter-health facility patient transfers and ensure that it does not use ambulances that need to be available for emergency calls. They can be delivered in one of two ways according to local circumstances (see next answer below).

How do we respond to the transport of medically stable patients in a way that is appropriate to local circumstances (e.g. less availability of stretcher transportation services)?

- The use of third-party service deliverers works well in areas of Ontario. Using ambulances designated for emergency calls does not work well. These third parties could be directly contracted and funded by the Province.

- Alternatively, an option worth exploring is for the Province to fully fund capital and operational expenses to put more ambulances and paramedics in service to handle transportation. This would leave core service for emergency calls and, also, have the effect of creating greater surge capacity to respond to critical incidents when they occur by increasing the available ambulances and paramedics.

Should there be changes to oversight for private stretcher transport systems to ensure safety for medically stable patients?

- The Ontario Association of Paramedic Chiefs (OAPC) can provide advice about this.

- One issue to address regarding oversight is to avoid situations where physicians are 'up coding' low acuity patients to provide them with inter-health facility transport.

- The Province will need to ensure that private stretcher transport systems meet minimum health provider training and vehicle outfitting requirements. It is an inter-health facility transportation service, not simply a transportation system [or taxis could be used instead].

Lack of Coordination among EHS System Partners:

How can land ambulance and air ambulance systems be better coordinated to address transportation of medically stable patients, especially in the North?

- The Ontario Association of Paramedic Chiefs (OAPC) and the Northern Ontario Service Deliverers Association (NOSDA) can provide advice about this.

- It should be considered that in the North, given the large geographic area and travel distances, transports do not take ambulances out of service for emergency calls.

- The air ambulance system cannot be allowed to offload its land ambulance activities and costs to the municipally run EMS service.

How might municipal land ambulance services address "cross-border calls" to ensure that the closest ambulance is sent to provide care of patients?

- The practice of cross border calls is necessary to ensure that the closest ambulance is sent to provide care of patients. However, it can create tensions between neighbouring municipalities as the responding service loses ambulances in service for their own community. There is also cost incurred to helping neighbouring municipalities. The Province should provide direction on billing back for service costs and, in cases of dispute, provide direction to councils on sufficient capacity in their areas.

- In order for successful coordination, all dispatch centres need to be linked in real time and with GPS line-of-sight capacity.

How can relationships be improved between dispatch centres and paramedic services?

- The Ontario Association of Paramedic Chiefs (OAPC) is best positioned to provide advice on this based on experience across Ontario.

How can interactions between EHS and the rest of the health care system be improved (e.g. with primary care, home care, hospitals, etc.)?

- Expanding capacity in the broader primary health care sector and mental health and addictions system will lead to more successful emergency diversion and is a prerequisite to implementing the expanded patient models of care. One example is more services on the ground to deal with the opioid overdose emergency. Some communities report an increasing pressure from rising call volumes due to opioid overdoses. AMO has made recommendations to the Province to address the opioid overdose emergency including how municipal EMS can be better equipped.

- Adequate funding and incentives are needed for the home care, acute, and primary care systems. Currently in many cases, community paramedicine is filling the gap due to lack of capacity elsewhere. Community paramedicine should not produce duplication with community home care. It is, and should be, about preventative care, better coordination, and connecting patients with the appropriate care.

- Ontario Health Teams (OHTs) need to directly coordinate with EMS in a provincially directed and accountable manner. Currently, it is all dependent on relationships that vary across Ontario.

- The Ministry should work with the new Ontario Health Teams to ensure the full implementation of the new patient care models across Ontario in an equitable manner by assessing and enhancing the capacity of the health care system's ability to receive, treat, and care for patients outside of hospital emergency rooms.

- The government should either not allow Fire Services to provide any medical services beyond CPR/First responder activities or incorporate Fire Services into the Base Hospital Model, as some fire services are acting as first medical responders without appropriate oversight. Currently, the lack of medical oversight for Fire Services for their medical services is troublesome from both a patient safety and municipal liability perspective. It is fundamentally unfair to have different medical oversight models for different municipal emergency services.

- If Fire or Police Services are providing medical responses beyond CPR/non-breathing/first responder situations, their medical oversight and training requirements should be the same as EMS requirements.

- The Province should explore the benefits of establishing local health situation tables involving municipal services management and health care providers in the community. This could be similar to what has occurred with policing and community safety initiatives. This can help with coordinating first responders with the rest of the health care system to ensure effective and efficient use of resources that also result in better patient care. Funding will be needed to set them up on an ongoing basis and direction to health care providers to participate.

Need for Innovations that Improve Care:

What evaluated, innovative models of care can be spread or scaled to other areas, as appropriate?

- There is experience of what works through communities of practice. The Ontario Association of Paramedic Chiefs (OAPC) is best positioned to provide this advice. The government does not need to study or pilot new approaches as this will only delay innovation.

- Community paramedicine (CP) was never formally nor fully evaluated by the government, even though the original pilot design called for a formal evaluation. It is not clear as to why the Province chose not to proceed with the planned formal pilots' evaluations. That said, however, CP is widely seen by the sector as an effective, proactive response that can help prevent future emergency calls.

- Regarding dispatch, the Niagara Region and Toronto model should be scaled across Ontario to all service areas.

- In order for the new models of patient care to be successful, improving dispatch must be prioritized first. The new models will not work without effective dispatch and triage capacity in place. In addition, real time access to data for land ambulance operators will improve the functioning of the system.

- The Province should help further the success of the new models of patient care by collecting and disseminating best practices to all paramedic services.

- A Centre of Excellence, including an advisory committee of provincial, municipal, and health care representatives, could be formed to identity, promote, and better enable knowledge transfer on innovative practices and models.

Are there new or different approaches to delivery that could be considered as part of a modern EHS system?

- The new care models for low acuity 9-1-1 patients have great potential. However, the Province should deliver or fund training to all paramedic personnel on the new care models based on developed standards and protocols at 100% provincial cost. Paramedics will need to understand their expanded scope of practice and the impact to patient care. The Province will need to provide further standards/directives to address the expanded care model. Implementation will require standardized training designed by the Ministry of Health. Training paramedics has resource implications. As such, municipal land ambulance operators will need provincial funding to support training, including backfill of personnel while on training. This is appropriate given this is expanding primary health care, an area of provincial jurisdiction and responsibility.

- The Province should provide indemnification to municipal Paramedic Services including amending the *Ambulance Act*, its regulations, policies and guidelines, to mitigate against increased municipal and paramedic liability given the new models of patient care, expanding the scope of paramedic practice and accompanying risk involved.

- In some cases, it may not even be necessary to send paramedics in an ambulance to calls if triage determines that an alternate referral can be made. However, the Province should delay the implementation of the model of referral of select low acuity patients during dispatch triage until such time as dispatch improvements are made and further consultation is held with AMO and the Ontario Association of Paramedic Chiefs of Ontario (OAPC).

- The Province should stagger implementation using a prototype learning approach (not pilots) across Ontario considering the capacity of both the local Paramedic Services and the health care system to support the new models of Patient Care.

- Once it is implemented, after fixing dispatch, the Ministry of Health should work with AMO and the Ontario Association of Paramedic Chiefs (OAPC) to evaluate the implementation of the new models of patient care on an ongoing basis to facilitate continuous improvement through further changes to the regulations, policies, and guidelines as warranted to help improve patient outcomes.

- The matter of a regulated Paramedic College needs to be fully explored and considered like other health regulated colleges. However, the issue of sorting out medical oversight is an issue that needs to be addressed first before exploring options for self-regulation. The Ontario Association of Paramedic Chiefs (OAPC) is well positioned to provide advice about this. It should be noted that, to date, AMO does not have a position on a regulated Paramedic College. There may be both risks to be mitigated (e.g. transferring the costs of a College to municipal employers through collective agreements) as well as opportunities (e.g. liability reduction, labour relations harmonization, removal of need for base hospital oversight) that require informed discussion and consideration.

Health Equity: Access to Services across Regions and Communities:

What initiatives could improve delivery of emergency health services to Indigenous communities?

- Regarding improving the EMS response to First Nations specifically, then the Ministry needs to consult with First Nations, Political Treaty organizations and the Chiefs of Ontario in order to understand what they are doing.
- The Ministry should consult with the Ontario Federation of Indigenous Friendship Centres (OFIFC) and other Indigenous organizations about how to best serve people outside of First Nations communities.

How can Emergency Health Services be more sensitive to the unique needs of Indigenous people, including providing culturally safe care?

- Regarding improving the EMS response to First Nations specifically, then the Ministry needs to consult with First Nations, Political Treaty organizations and the Chiefs of Ontario, in order to understand what they are doing.
- The Ministry should consult with the Ontario Federation of Indigenous Friendship Centres (OFIFC) and other Indigenous organizations about how to best serve Indigenous People within municipalities.
- Training modules provided by the Ministry of Health, and funding for training including staff backfill costs. This should be developed through a working group including both EMS and Indigenous representation in a co-design process.
- Guidance from the Ministry should be provided on how best to consult with local Indigenous organizations or individuals.
- Funding should be provided to Indigenous organizations to give comprehensive input.
- All these measures combined will increase capacity for engagement and culturally safe care.

How can EHS support First Nations in creating better services for pre-clinic services in far northern communities?

- The Ontario Association of Paramedic Chiefs (OAPC) should be asked to provide successful examples that could be scaled across Ontario.
- This is an area where enhanced federal-provincial cooperation and coordination would be critical for better success in health outcomes for Indigenous people who live in fly-in northern communities.
- The Ministry needs to consult fully with First Nations, Political Treaty organizations, and the Chiefs of Ontario on this matter to create and implement better health services for Indigenous people who live in fly-in northern communities.

What improvements to EHS can be made for rural areas?

- Service delivery in rural and northern areas is challenging given the vast geographic distances coupled with dispersed, low-density populations. This can lead to longer response times. One example is service to unincorporated territories. Getting to patients in response to 9-1-1 calls is a challenge in these areas due to poor signage and addresses. The Province needs to address these issues in the unincorporated areas given their responsibilities. It is not a municipal problem to solve or fund.

- To see the success of the new models of care for select 9-1-1 patients, access to health services must be addressed. There is a need for alternate 24/7 destinations such as urgent care centres and community mental health facilities.

- Community paramedicine (CP) has been found to be effective in rural areas – please refer to earlier comments on the appropriate provincial CP funding and management. Often rural and northern areas face shortages of Personal Support Workers and health professionals, such as nurses. A fully provincially funded CP program can increase access to primary or acute health care and make better connections for patients as other health care transformations are underway.

- Effectively addressing the long-standing matter of non-urgent and inter-health facility transfers so that ambulances are better available to provide emergency medical transfers in the community when needed.

Are there opportunities for partnerships to align and improve health and social services in rural and northern areas?

- Yes – AMO would appreciate having this question further explored through a joint provincial–municipal working group, as it requires an all-of-government approach to the social determinants of health using a 'health in all policies' lens.

- One immediate example is joint responses and coordinated action with shared patients/clients to the opioid overdose emergency crisis, addictions, and mental health.

- An issue that the government should address is health inequity disparities and challenges associated with access to service. For example, many areas in northern and rural Ontario lack mental health and addictions treatment services.

- Online and/or virtual health care options need to be examined and implemented. Viability needs to be considered from a patient-centred perspective rather than solely from a provincial cost-benefit analysis.

- Enhanced provincial incentives for health care professionals to locate and stay in rural and northern communities are required (e.g. psychologists, physiotherapists, mental health nurses, nurse practitioners).

Are there opportunities to address social determinants of health and health disparities in rural, remote, and Northern regions to reduce the need for EHS transport of patients out of these regions?

- Yes. Research indicates that investments in social service infrastructure that address the social determinants of health (e.g. housing, income support, child care) can help with prevention and save overall health care costs. Investments in proactive upstream public health interventions can also provide population health status and outcomes.

- As above, yes – AMO would appreciate having this question further explored through a joint provincial–municipal working group, as it requires an all-of-government approach to the social determinants of health.

- Addressing health disparities will require investment from the provincial government in primary, mental health, addictions, and acute care services. Supportive housing is especially needed and can assist people with both their health and social needs.

What improvements could be made to the provision of services in French to Francophone communities?

- Additional enveloped, targeted funding for services in designated communities under the *French Services Language Act* will help.

- Further government consultation with francophone communities and the Ontario Association of Paramedic Chiefs of Ontario (OAPC) could generate ideas. One idea to explore is a provincial health human resources strategy to address issues such as training and recruitment of bilingual paramedics.